

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODLAND TERRACE**300 KILDAIRE WOODS DRIVE
CARY, NC 27511**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Survey by Billy S. Bryant and Dennis Harrell conducted on 09/23/2015. Records indicate this facility was first licensed on 01/03/2000. The facility is currently licensed for 84 Beds including a 44 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. There are oxygen bottles stored in the room without any restraining device or other means to prevent them from falling or being knocked over. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility. Findings on 09/25/2015: a. "D" Hall, Room D5 - There are oxygen bottles	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

81PR21

Executive
Director11/12/15
If continuation sheet 1 of 7

Division of Health Service Regulation

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C 166	Continued From page 1 stored upright and unrestrained.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not being maintained in a safe operating condition. In the event of a fire doors are required to completely close and latch in order to resist the passage of smoke or the spread of fire. All the occupants in the facility could be effected if doors do not latch and to remain shut when closed in order to limit the spread of smoke or fire to the area of origin. Findings on 09/25/2015: a. "A" Hall, Wellness Center - The door did not completely close and latch. b. "A" Hall Cross Corridor Doors Adjacent to Room #26 - The doors did not completely close and latch. c. "A" Hall Trash Room - The door did not completely close and latch. Note: Corrected while the surveyor was on site. 2. Based on observation there is a failure to	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 2</p> <p>maintain the fire safety systems as evidenced but not limited to the specific examples cited in the findings. Fire resistant rated ceilings and walls must be free from openings and penetrations in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings or wall could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 09/23/2015</p> <p>a. Legacy Storage Closet - There is a hole in the wall.</p> <p>b. "C" Hall, Small Laundry Room - There are holes in the wall where shelves have been dismantled.</p> <p>c. "D" Hall, Small Laundry Room - There are holes in the wall where shelves have been dismantled.</p> <p>d. "D" Hall, Large Laundry - There is a hole in the wall that separates the laundry from the utility mechanical room.</p> <p>e. "B" Hall Med Storage Closet - There are small holes in the ceiling.</p> <p>f. Room #13 - There is a hole in the fire resistant rated ceiling where the fire sprinkler escutcheon is dislodged.</p> <p>3. Based on observation the facility is not being maintained in a safe manner. Devices are in use that would prevent doors from being closed rapidly in the event of a fire so as to resist and limit the passage of smoke and fire. All occupants of the facility could be effected by allowing fire and smoke to spread beyond the area of origin.</p>	C 189			

Division of Health Service Regulation

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C 189	<p>Continued From page 3</p> <p>Finding on 09/25/2015:</p> <p>a. There is a pattern of doors being held open with wedges as evidenced but not limited to the following specific example: Both doors in the main laundry rooms that are required to be self closing room were held open by door wedges.</p> <p>4. Based on observation there is a failure to maintain electrical equipment in a safe operating condition. Failure to maintain electrical safety devices could effect occupants of the facility who could be injured if electrical safety equipment does not function properly.</p> <p>Findings on 09/25/2015:</p> <p>a "B" Hall Kitchenette - The electrical GFCI did not trip when tested with a circuit tester.</p> <p>b "C" Hall Kitchenette - The electrical GFCI at the sink did not trip when tested with a circuit tester.</p> <p>c. Special Care Area, Whirlpool Bath - The electrical GFCI did not trip when tested with a circuit tester.</p> <p>5. Based on observation the facility is not being maintained in safe operating manner due to plumbing safety devices not installed as required by the building code. Plumbing safety devices preventing the potable domestic water supply from being contaminated that are not installed could effect the occupants of the facility by creating possible health hazards.</p> <p>Findings on 09/25/2013:</p> <p>a. Special Care Area - There are no vacuum breakers/back flow preventers installed on the detachable shower heads that can be submerged</p>	C 189			

Division of Health Service Regulation

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C 189	Continued From page 4 in standing or pooled water in the bottom of the shower stall .	C 189			
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to adhere to the prohibition on the presence of portable unvented electrical heaters. Portable unvented electrical heaters are a potential fire hazard and as such could effect all occupants of the facility. Findings on 09/25/2015: a. Resident Storage Room & Admin Office - There were portable electric heaters stored in the room.. b. Admin Office - A portable electric heater was in the office. Note: The heater was removed while surveyor was on site.	C 191			
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT	C 193			

Division of Health Service Regulation

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C 193	Continued From page 5 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to meet the operational requirements for stoves. Failure to meet the requirement could result in injury to staff or residents if they accidentally came into contact with energized (hot) stove burners. Finding on 09/25/2015 a. Country kitchen - The electric stove did not have a safety lock out device.	C 193		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This	C 199		

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C 199	<p>Continued From page 6</p> <p>requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p> <p>(5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility failed provide the required exhaust ventilation equipment. This could effect occupants of the facility if odors were to permeate the area beyond the room requiring exhaust ventilation.</p> <p>Finding on 09/25/2015</p> <p>a. House Keeping Storage - The room did not have an exhaust fan and chemicals were stored in the room.</p>	C 199			

Woodland Terrace, Kisco Senior Living, Cary, NC

Plan of Corrective Action

ID Prefix Tag	Statement of Deficiency	Plan of Corrective Action	Completed Date
C166	Section .0300 – Physical Plant 10A NCAC 13F .0306 Housekeeping And Furnishings. <ul style="list-style-type: none"> Oxygen Tanks 	<ul style="list-style-type: none"> Action: All oxygen tanks not in use have been removed from the Woodland Terrace Community. Oxygen Vendors were contacted and advised not to deliver and set in place any tanks that are not properly restrained in a sectional holder. Future Action: Community Management Team, Nursing Staff and Associates will report all non-compliance occurrences immediately to their Supervisor. 	10-01-15
C189	Section .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements <ul style="list-style-type: none"> Fire Doors 	<ul style="list-style-type: none"> Action: All doors as identified as not being in compliance have been repaired. Future Action: All Fire Doors will be checked on a monthly basis as part of the Communities Preventative Maintenance Program. 	09-29-15
C189	Section .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements <ul style="list-style-type: none"> Penetrations or holes in fire resistant rated ceilings or walls. 	<ul style="list-style-type: none"> Action: All holes and penetrations that were identified in Biennial Survey have been repaired or filled with Fire Block Sealant. Future Action: All contractors performing repairs or service to the Woodland Terrace Building will be reminded not leave holes or penetrations in place when scheduled work has been completed. Community Maintenance Technicians to monitor and report violations to Environmental Services Director 	09-28-15

C189	Section .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements <ul style="list-style-type: none">• Devices	<ul style="list-style-type: none">• Action: All Door chocks / wedges have been removed from Woodland Terrace Community.• Team Associates have received in Service Training On September 28, 2015 in regard to not using these devices.• All Community Management Team Members will monitor and correct on individual occurrences.	09-28-15
C189	Section .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements <ul style="list-style-type: none">• Electrical Safety – All GFCI Outlets working properly	<ul style="list-style-type: none">• Action: All faulty GFCI Outlets as noted in the Survey were removed and replaced with working outlets.• Maintenance Technicians to conduct annual inspections of all GFCI outlets.• All Associates will be reminded to report malfunction outlets to the Maintenance Department via a Work Order.	10-02-15
C189	Section .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements <ul style="list-style-type: none">• Vacuum Breakers Installed on all detachable Shower Heads.	<ul style="list-style-type: none">• Action: All Resident Rooms and Common Bath areas were checked for vacuum breakers. Missing breakers were added on an as needed basis• Maintenance Technicians to conduct annual inspections of all vacuum breakers within Assisted Living.	09-28-15

C193	Section .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements <ul style="list-style-type: none">• Electric Stove Safety Lockout.	<ul style="list-style-type: none">• Action: The Environmental Services Director placed a pad lock on the Electrical Shut Off to lock out users.• Wellness Director conducted In-Service Training On October 5, 2015 with her Team to ensure compliance and use of padlock.• Future Action: Community Management Team, Nursing Staff and Associates will report all non-compliance occurrences immediately to their Supervisor.	10-05-15
C199	Section .0300 – Physical Plant 10A NCAC 13F .0311 Other Requirements <ul style="list-style-type: none">• Housekeeping Storage. All Chemicals stored in ventilated rooms.	<ul style="list-style-type: none">• Action: On Day of Survey Housekeeping Cleaning Chemicals were moved to a storage room with an exhaust fan.• Future Action: Environmental Service Director and Housekeeping Supervisor conducted In Service Training September 28, 2015 on proper storage location.• Housekeeping Supervisor to monitor and report any and all occurrences to the Director of Environmental Services.	09-25-15